

FAQ
TOWN OF GILBERT MEDICAL PLAN
NATIONAL NETWORK OPTION
Introduced as an option for Plan Year beginning July 1, 2013

1. Is the National Network Option a different Plan?

No. The National Network Option is an elective option on the existing Plan that provides an additional medical network for services outside of Arizona that are not covered under the existing Plan. All Plan coverage provisions apply, except “In Network” is expanded to include First Health Network outside of Arizona. Participation in the National Network option requires submittal of an enrollment form to HR.

2. Why is the National Network Option being offered?

The National Network Option would provide expanded coverage outside of Arizona through First Health, a large national network. The existing Plan networks are Blue Cross Blue Shield of Arizona and Mayo Clinic providers in Arizona, with no providers outside of Arizona. The Plan also uses SXC Health Solutions, a national pharmacy network. In particular, members who reside out of state or spend extended time outside of Arizona that may need coverage beyond ER and Urgent Care were the primary interests that led to the offering of this option.

3. Are Out of Network services covered under either Plan option (Base or National Network)?

Only Emergency Room (and inpatient care directly from ER) and Urgent Care services are covered Out of Network. Unless otherwise authorized by the Plan, all other Out of Network services are not covered by the Plan. The National Network adds a network for services outside of Arizona, but all other provisions of the Plan still apply, including the exclusions/limitations of Out of Network services.

4. How can I search for providers under First Health Network?

Current members may search under the Plan’s website listed on the member card or may search under First Health’s website at <http://firstthealth.coventryhealthcare.com/locate-a-provider/index.htm>.

5. Is there a higher cost for participation in the National Network Option?

Yes. Please see the medical overview sheet and open enrollment letter for the premium contribution amounts. The higher premium cost is due to additional network access costs and projected higher medical costs under First Health Network, with regional differences within the country.

6. When may the National Network Option be selected?

The National Network Option may be selected within a new employee election window, open enrollment, or with 30 days of special qualifying events. Election into the National Network Option requires continued participation through the end of the Plan Year (June 30) or termination of coverage. Special Qualifying Events include:

- Loss of other Health Coverage – If an Employee or Dependent did not enroll during initial enrollment or open enrollment may enroll and/or select the National Network Option due to the Employee and/or Dependent’s loss of other Health coverage. Election is effective on the date of Loss of other Health Coverage.
- Addition of Dependent – If an Employee adds a Dependent due to marriage or birth, adoption (or placement for adoption), or legal guardianship, the Employee may also elect the National Network Option at that time. Election is effective on the date of the applicable event.
- Relocation Out of State – If a Subscriber or Dependent relocates out of state, the Subscriber may elect the National Network Option. Documentation may be required. The effective date is the later of date of relocation or date the election is received, and is not retroactive.